

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 29, 2004 Signature:

## EXPEDITED PROCEDURE

Group Art Unit: 1648
Docket No.: EGYPSA 3.0-013

(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Legrain et al.

Application No.: 09/921,397

Application No.: 09/921,39/

Filed: August 2, 2001

For: SID NUCLEIC ACIDS AND

POLYPEPTIDES SELECTED FROM A
PATHOGENIC STRAIN OF HEPATITIS C
VIRUS AND APPLICATIONS THEREOF

: Group Art Unit: 1648

: Examiner: M. Mosher

## AMENDMENT UNDER 37 CFR 1.116

MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 29, 2004, finally rejecting claims 17-19, please amend the above-identified U.S. Patent application as follows:

10/07/2004 SDENBOB1 00000001 121095 09921397 01 FC:2203 145.00 DA



JAF W

MENDMENT TRANSMITTAL LETTER						ed Procedure
Application No. 09/921,397		Filing Date August 2, 2001		Examiner M. Mosher		Group Art Unit 1648
Applicant(s): Pierre Legrain, Simon Whiteside, and			, and Jérome	ne Wojcik EC		ocket No. PSA 3.0-013
Invention: SID NUCLEIC ACIDS AND POLYPEPTIDES SELECTED FROM A PATHOGENIC STRAIN OF HEPATITIS C VIRUS AND APPLICATIONS THEREOF						
TO THE COMMISSIONER FOR PATENTS						
Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	87	- 110 =	0	x 9.00	0	0.00
Independent Claims	7	- 14 =	0	x 43.00	) .	0.00
Multiple Dependent Claims (check if applicable)					· X	145.00
Other fee (please specify):  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:  145.00						
Large Entity				x Small	Entity	
No additional fee is required for this amendment.						
Please charge Deposit Account No. 12-1095 in the amount of 145.00 .  A duplicate copy of this sheet is enclosed.						
A check in the amount of \$ to cover the filing fee is enclosed.						
The Commissioner is hereby authorized to charge and credit Deposit Account No. 12-1095 as described below. Aduplicate copy of this sheet is enclosed.						
x Credit any overpayment.						
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.						
Shawn P. Foley Attorney Reg. No. 33,071  Dated: September 29, 2004						er 29, 2004
LERNER, DAVI 600 South Aven Westfield, New (908) 654-5000	nue West Jersey 07090	•	.Z & MENTL	K, LLP		·
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